

Complete Summary

GUIDELINE TITLE

Death of a child in the emergency department: joint statement by the American Academy of Pediatrics and the American College of Emergency Physicians.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine Committee. Death of a child in the emergency department: joint statement by the American Academy of Pediatrics and the American College of Emergency Physicians. Pediatrics 2002 Oct; 110(4):839-40. [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Death of a child in the emergency department (ED)

GUIDELINE CATEGORY

Counseling
 Management

CLINICAL SPECIALTY

Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations for the management of the death of a child in the emergency department (ED)

TARGET POPULATION

Children ≤ 14 years old who die in the emergency department (ED) and their families

INTERVENTIONS AND PRACTICES CONSIDERED

Counseling/Management

1. Family-centered and team-oriented approach in the emergency department (ED)
2. Individualized support to grieving families taking into consideration social, religious, and cultural issues
3. Procedures to organize resources and staff to provide a coordinated response to a child's death
 - Notifying primary care physician and subspecialists
 - Educating and supporting staff as to resources available to assist families
 - Facilitating medical examiner's case and if necessary cases of child maltreatment
 - Promulgating liaisons with others who may assist families, communities, and staff
 - Critical incident stress management
 - Facilitating organ procurement and consent for postmortem examination

MAJOR OUTCOMES CONSIDERED

Impact on the family's grieving process, ultimate recovery, and ability to cope

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Guideline developers formulated recommendations based on available research, expert consensus opinion, and published experience.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The American Academy of Pediatrics and the American College of Emergency Physicians support the following principles:

- Emergency physicians should use a family-centered and team-oriented approach when a child dies in the emergency department (ED).
- Emergency physicians should provide personal, compassionate, and individualized support to families while respecting social, religious, and cultural diversity.
- Emergency physicians should notify the child's primary care physician of the death and, as appropriate, work with the primary care physician in follow-up of postmortem examination results.
- EDs should incorporate procedures to organize resources and staff to provide a coordinated response to a child's death. These include the following:
 - Working with the primary care physician to ensure notification of subspecialty physicians of the death of their patient
 - Educating staff as to the resources available to assist families
 - Facilitating identification and management of a medical examiner's case and identification and reporting of cases of child maltreatment
 - Promulgating liaisons with other individuals and organizations that may assist families, communities, and staff
 - Assisting ED staff, out-of-hospital providers, and others who are experiencing critical incident stress
 - Facilitating organ procurement and obtaining consent for postmortem examinations when appropriate

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are supported by available research, expert consensus opinion, and published experience.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- This guideline is intended to help prepare the emergency physician (EP) to respond to the emotional, cultural, procedural, and legal issues that are part of caring for ill and injured children who die in the emergency department (ED).

- A physician who is a skilled communicator with parents and able to convey empathy and compassion can minimize any misunderstandings that might arise during these difficult situations.
- Effective counseling, especially at the time of death, has a dramatic, positive impact on the family's grieving process, ultimate recovery, and ability to cope.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine Committee. Death of a child in the emergency department: joint statement by the American Academy of Pediatrics and the American College of Emergency Physicians. Pediatrics 2002 Oct; 110(4):839-40. [PubMed](#)

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2002 Oct

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society
American College of Emergency Physicians - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

American Academy of Pediatrics Committee on Pediatric Emergency Medicine,
2001-2002

American College of Emergency Physicians Pediatric Emergency Medicine
Committee, 2001-2002

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Technical report. Death of a child in the emergency department. Pediatrics 2005 May; 115(5): 1432-37.

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on July 8, 2005. The information was verified by the guideline developer on August 1, 2005.

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